

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF CAMBRIDGE

7000 FEB 25 P 5: UT File with: City or Town Clerk or Election Commission Please print or type all information, except signatures. Fill in dates: Month 2007 Reporting Period Beginning Type of report: (Check one) □8th day preceding preliminary □8th day preceding election □30 day after election Øyear-end report □dissolution JOLAN Full Name of Candidate (if applicable) hool Committee - Cambri Name of Committee Treasurer Office Sought and District Residential Address Committee Mailing Address 7230 Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Waynes wight Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Date Treasurer's signature (in inly)

FOR CANDIDATE FILINGS ONLY: (CANDID	DATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my know finance activity, of all persons acting under the authority or on behalf of this committee in accordance contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting per Candidate without Committee OR Candidate with Independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my know finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions finance activity of all persons acting under the authority or on behalf of this committee in activity and the penalties of perjury:	with the requirements of M.O.L. c. 33. I have not received any riod. It wiedge and belief, a true and complete statement of all campaign utions and liabilities for this reporting period and represents the
Candidate signature (in ink)	Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only themize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date teceived	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
¥!	1		
	rel.	2	
	That	00.	
	0		
	48		
	otal receipts in excess of \$50 (or listed above)		4
	otal receipts \$50 and under* (not listed above)		Land September 4
	OTAL RECEIPTS IN THE PERIOD		Enter on page 1, line 2

If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
48				
		2		
1		59	120	
		1 Xac	0	
		Λ (
		- 0		
	1 10			
			12 F din.ana \$50	
			12: Expenditures over \$50 13: Expenditures \$50 and under*	
	Paragraph 1 Une A		14:TOTAL EXPENDITURES	
	Enter on page 1, line 4	Line	ine 12. Line 12 should include only	A

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		NOVE		
*-				
21		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Prior	self	Camb. MAD2138	rampaign	2400.00
10/28/101	self	1/4	campaign	3000.00
			:	
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	5400,00

AMENDED

SCHEDULE A RECEIPTS

	11/1/07 Timothy 11/14/07 Simard	11/1/07 Sam	11/1/07 Irving	10/28/07 Patricia	11/1/07 Carolyn	11/1/07 Trish	11/1/07 Charles	11/1/07 Ann	Date First Name
	Wang Printing	Seidel	Rabb	Nolan	Mugar	Marti	Fried	Elliott	Last Nam
Total receipts in excess of \$50 (listed above) Total receipts \$50 and under (not listed above) Total receipts in period	A55 Central Park West New York NY REFUND OF OVERPAYMENT cf. expenses	48 Maple Ave., #2	1010 Memorial Drive	184 Huron Avenue	596 Franklin St.	84 Kirland St.	110 Irving St	101 Larch Road	Last Name Street Address
of \$50 (listed at nder (not listed	New York MENT cf. exp	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	Cambridge	City
ove) above)	venses	MA	M	M	M M	MA	MA	M A	State
	10025	02139	02138	02138	02139	02138	02138	02138	ZIP Code
4,183.69 310.00 4,493.69	36	75	100	3,000	250	100	100	100	Amount
	358,69 P				Non profit executive Farm Aid				

A Jala

SCHEDULE B Expenses

Date To whom paid	Address	Purpose of expenditure	Amount
10/14/07 Daniel Kamman	123 Sawyer St. # 5, New Bedford, MA 02746	website	\$140.00
11/15/07 Friends of Sam Seidel	614 Mass. Ave. # 202 Cambridge MA	shared ad	\$250.00
11/7/07 Jed Rothfeld	17 Fletcher Ave. Lexington MA	assistance	\$368.00
12/20/07 Joe Joseph	02140	Database work	\$1,200.00
10/28/07 Simard Printing		postage & printing	\$4,336.00
11/1/07 Staples	Fresh Pond Parkway Cambridge MA	office supplies	\$98.2
Year 2007 Wainwright Bank	2140	bank charges	\$76.0

Expenditures over \$50 Other expenditures under \$50 Total Expenditures

\$6,468.33 0 \$6,468.33